



ask SHIP

Q: When I was at my doctor's office recently discussing my upcoming outpatient surgery, I was given a form that says Advance Beneficiary Notice. They told me to complete the form before my surgery. What is this?

A: If you have Medicare, at some point you may receive an Advance Beneficiary Notice (ABN). The ABN is a written notice that must be presented to a Fee-For-Service beneficiary before furnishing items or services that might not be covered by Medicare. It is only required for items or services that are usually covered but are not expected to be paid in a specific instance for certain reasons.

An Advance Beneficiary Notice allows you to make an informed decision about whether to get the item or service that may not be covered and accept financial responsibility if Medicare does not pay. If you do not get written notice when it is required, you may not be held financially liable if Medicare denies payment.

The ABN is used for Medicare Part B (outpatient) and Part A (limited to

Hospice, Home Health Agencies, and Religious Nonmedical Health Care Institutions only) items and services.

There are different requirements for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers. An ABN must be issued before DMEPOS suppliers furnish you with an item or service that will not be paid for by Medicare.

There are a few other types of ABN's.

A Skilled Nursing Facility Advance Beneficiary Notice" (SNFABN) is issued if there's a reason to believe that Part A may not cover or continue to cover your care or stay because it isn't reasonable or necessary, or is considered custodial care.

A Hospital Issued Notice of Noncoverage is issued when all or part of your Part A inpatient hospital care may not be covered by Medicare.

You'll be asked to choose an option box on the ABN and sign the notice to say that you read and understood it.

Option 1: You want the items or services that may not be paid for by Medicare.

Your provider or supplier may ask you to pay for them now, but you also want them to submit a claim to Medicare for the items or services.

Option 2: You want the items or services that may not be paid for by Medicare, but you don't want your provider or supplier to bill Medicare. You may be asked to pay for the items or services now, but because you request your provider or supplier to not submit a claim to Medicare, you can't file an appeal.

Option 3: You don't want the items or services that may not be paid for by Medicare, and you aren't responsible for any payments.

An ABN isn't an official denial of coverage by Medicare. You have the right to file an appeal if payment is denied when a claim is submitted.

If you have questions about an Advance Beneficiary Notice or any other questions about Medicare, call SHIP at 1-800-452-4800, 1-866-846-0139 TDD or online at www.medicare.in.gov.